

Please check action requested Initial License <input type="checkbox"/> Reinstatement <input type="checkbox"/> Adding Lines <input type="checkbox"/> Name Change <input type="checkbox"/> Adding a DBA <input type="checkbox"/>		Washington State Office of the Insurance Commissioner www.insurance.wa.gov Individual Insurance License Application Mailing Address: PO Box 40257 Olympia WA 98504-0257 Physical Address: 5000 Capitol Blvd Tumwater WA 98501 Phone: (360) 725-7144 Fax: (360) 586-2019	
FOR OIC USE ONLY WAOIC #		Date FP Sent	Date Processed

<p>27 Account for all time for the past two years. Provide all employment experience starting with your current employer working back two years. Include full and part-time work, self-employment, military service, unemployment and full-time education. (Surplus line broker applicants must account for the past five years). Please attach additional pages if necessary.</p>						
		From		To		Position Held
		Month	Year	Month	Year	
Name						
City State						
Name						
City State						
Name						
City State						

Background Information	
28 The Applicant must read the following very carefully and answer every question. All documents must be originals or photocopies of the certified documents. All written statements submitted by the applicant must include an original signature.	
1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld?	Yes ___ No___
<p>“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.</p> <p>If you answer yes, you must attach <u>all</u> of the following to this application:</p> <ul style="list-style-type: none"> a) a written statement explaining the circumstances of each incident, b) a photocopy of the certified charging document, and c) a photocopy of the certified official document which demonstrates the resolution of the charges or any final judgment. 	
2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?	Yes ___ No___
<p>“Involved” means having a license censured, suspended, revoked, canceled, terminated or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer yes, you must attach <u>all</u> of the following to this application:</p> <ul style="list-style-type: none"> a) a written statement identifying the type of license and explaining the circumstances of each incident, b) a photocopy of the certified Notice of Hearing or other document that states the charges and allegations, and c) a photocopy of the certified official document which demonstrates the resolution of the charges or any final judgment. 	
3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer? If yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.	Yes ___ No___
4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? If yes, identify the jurisdiction _____.	Yes ___ No___
5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?	Yes ___ No___
<p>If you answer yes, you must attach <u>all</u> of the following to this application:</p> <ul style="list-style-type: none"> a) a written statement summarizing the details of each incident, b) a photocopy of the certified Petition, Complaint or other document that commenced the lawsuit or arbitration, and c) a photocopy of the certified official document which demonstrates the resolution of the charges or any final judgment. 	
6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?	Yes ___ No___
<p>If you answer yes, you must attach <u>all</u> of the following to this application:</p> <ul style="list-style-type: none"> a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and b) photocopies of all certified relevant documents. 	
Applicant’s Attestation and Signature	
29 The Applicant must read the following very carefully:	

I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.

1. Where required by law, I hereby designate the Commissioner of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
2. I further certify that I grant permission to the Commissioner or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
3. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
4. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
5. **If the employing business entity listed in #17 of this application is not Washington licensed, I certify that I do not represent it when transacting insurance business in Washington. The business entity name does not appear on my business card or letterhead stationery.**

Date

Original Applicant Signature

Full Legal Name (Printed/Typed)

For **Resident Solicitor License** applicants **only**, the following **must also** be completed by the Employing Agent or Broker:

Name of Employing Agent or Broker _____ PIC or CIC # _____

Signature of Employing Agent or Broker _____ Date _____

Required Attachments and Additional Information

The following documents must accompany the application; otherwise, it will be considered incomplete and will not be processed.

Notices of Appointment are due at time of application, unless the notice is going to be submitted electronically through NIPR within thirty (30) calendar days of the acceptance of the first piece of business by the agent to the insurer.

1. **Initial License Resident**—Score Reports, Pre-licensing Education Certificates, *Appointment and/or Affiliation (the insurer and/or agency must be licensed in WA for at least the same lines), a Fingerprint Card, Letter of Clearance (if licensed in another state within the last two years), and appropriate licensing and fingerprint processing fees.
Initial License Non-Resident—*Appointment and/or Affiliation (the insurer and/or agency must be licensed in WA for at least the same lines), a Fingerprint Card and appropriate licensing and fingerprint processing fees.
2. **Reinstatement Resident Agent**—*Appointment and/or Affiliation (the insurer and/or agency must be licensed in WA for at least the same lines), valid Certificates of Completion for 24 hours (including 3 hours of Ethics) of approved continuing education, and appropriate fees.
3. **Reinstatement Non-Resident Agent**—*Appointment and/or Affiliation (the insurer and/or agency must be licensed in WA for at least the same lines), and appropriate fees.
4. **Bond**—Bonding is required for Resident & Non-Resident Brokers and Surplus Line Brokers.
5. **Affiliation**— If you represent a business entity when transacting insurance business in Washington, the business entity must be licensed and you must be affiliated
6. **Limited Line licenses and Adjuster licenses**—Requirements vary. Call (360) 725-7144 if further information is required.
7. **Resident Solicitor license**—Score reports, Pre-Licensing Education Certificates, a Fingerprint Card, Letter of Clearance, if applicable, and appropriate fees. The employing agent or broker must complete and sign the applicable section of #29 above.
8. **Adding Lines Resident**—Score Reports, Pre-licensing Education Certificates, *Appointment/Affiliation (the insurer and/or agency must be licensed in WA for at least the same lines). There is no additional license fee.
9. **Name Change**--\$5 fee. Documentation such as a Marriage Certificate or Court Order must be attached.
10. **Sole Proprietor adding a DBA**--\$5 fee. Registration with the WA Dept of Licensing, (360) 664-1400 is required.
11. **Agency Location**—Location where the business is being written out of (must be licensed to transact business in WA).
12. **Fees**—All fees may be combined into one check payable to "Washington Insurance Commissioner". Please consult our website for appropriate fees.